

# The Treatment of Anxiety Disorders

Clinician Guides and Patient Manuals

Second Edition

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Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved.

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# Read me

## How to use this unusual book

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This book is about the treatment of anxiety disorders, about helping people with chronic anxiety disorders to become well and stay well. It contains discussions of the nature and treatment of each syndrome, it describes the problems commonly encountered during treatment, and it outlines some management strategies. Of greatest value, it contains Patient Treatment Manuals for the common anxiety disorders.

Anxiety disorders are not simply about being too anxious, they are about irrational worry and avoidance of situations that are the focus of this worry. Persons with panic disorder worry that their panic will result in physical or mental collapse; those with social phobia worry that their behavior will result in shame; and those with specific phobias fear personal harm. Those with obsessive-compulsive disorder (OCD) worry that their obsessions will come true; those with posttraumatic stress disorder (PTSD) worry that their flashbacks will be real; and those with generalized anxiety disorder (GAD) worry that, despite their worry, disaster will occur. People with chronic anxiety disorders are very sensitive to additional stress, and quickly become anxious and upset. They can develop additional symptoms, including those of other anxiety and depressive disorders. They know this, and commonly think that the seed of their disorder lies within their own nature, personality, or temperament. Perceiving their sensitivity to anxiety and their inability to cope with it, they deny or fail to control the events that generated the anxiety and try to cope by avoiding the situations that worsen their anxiety. They focus instead on the physical symptoms that are part of the anxiety response, or on the situations that provoke their anxiety, rather than trying to understand the meaning of their anxiety. The handicap comes from avoidance: the phobic avoidance, the compulsive rituals, the emotional numbing, the preoccupation with the possibility of physical illness, and from the time spent worrying.

Treatment should aim to reduce the emotional sensitivity to stress, the anticipatory anxiety about outcomes, and the avoidance behaviors related to specific

situations. The book is written especially for psychiatrists and clinical psychologists to provide detailed knowledge about the process and pitfalls in conducting a comprehensive cognitive behavioral program for the common anxiety disorders. Clinical psychologists and psychiatrists learn about these techniques during their training, but knowing about something is not equivalent to knowing how to do it. The Patient Treatment Manuals are both the guidebook and the journey. They allow clinicians to make the journey with the patient. In skilled hands these programs comfort, commonly relieve, and quite frequently cure the disorder. These programs can also ameliorate the underlying personality vulnerability to anxiety.

This book contains six detailed Patient Treatment Manuals: for panic disorder and agoraphobia, for social phobia, for specific phobias, for obsessive-compulsive disorder, for generalized anxiety disorder and for posttraumatic stress disorder. The publisher, Cambridge University Press, has agreed that these Manuals may be photocopied by the purchaser of the book for the treatment of individual patients. The Manuals are designed to be used as workbooks, and most patients annotate and therefore personalize their copy with their own insights and with comments from their clinician that are relevant to their particular circumstances. Apart from copies of Manuals made by purchasers for their personal use in the treatment of their patients, the Manuals – or indeed any other part of the book – may not be copied, distributed, or sold. The standard provisions of copyright listed in the front of the book apply.

Some patients with anxiety disorders can benefit from simply being given the Manual to read. However, most have already struggled to recover, and in these persons significant improvement and the prospect of cure come when a clinician gives the appropriate Treatment Manual to a patient and then works through the Manual with him or her, explaining, supervising, and supporting the process of recovery. In this way the clinician's expertise enables each patient to understand and put into effect the substance of the treatment. After treatment has concluded, the Manuals, annotated with notes made during treatment, are commonly used by patients to maintain their improvement and to inhibit relapse. In this sense they do eventually become valid self-help manuals.

This book also contains separate Clinician Guides for the treatment of patients with each of these disorders. These guides contain advice about the structures and settings in which these programs have been shown to work, about patient characteristics and behaviors that will require special skills if the progress of therapy is to continue, and about critical issues in the therapeutic process. The guides are about the art of therapy for patients with these disorders, and the Clinician Guides are for clinicians' eyes only. When the first edition of this book was published the Patient Treatment Manuals and the Clinician Guides were without precedent in

the therapy literature. They comprise three-quarters of the book. The remaining quarter is much more conventional: an account of the scientific knowledge needed for clinicians to understand the nature of the disorders affecting their patients and to evaluate the treatment options available.

When a clinician sees a patient with, say, agoraphobia and, after discussion of the other possibilities, it is decided that a cognitive behavior therapy program is to be the treatment of choice:

1. The clinician completes an assessment of symptoms and level of handicap, incorporating appropriate rating scales and questionnaires, and then has the patient identify and rate the extent to which their main problem interferes with their life and activities.
2. The clinician explains the treatment to the patient using words like, “I am going to teach you how to control your panics, enter feared situations, and master your worrying thoughts. Here is a Manual that describes the program. I want you to take the Manual home and look through it. Do remember to bring it to your next session when we will begin to work through it together.”
3. The patient is seen often, usually more than once per week, and at each session a segment of the Manual is worked through, the clinician modifying the information to make it appropriate to the patient’s disorder and level of understanding. Homework exercises are then set and arrangements for the next session are made.
4. Treatment proceeds quickly with most patients with agoraphobia improving their panic control by session 3, being able to travel by session 6, and mastering worrying thoughts by session 10. Treatment should conclude within 20 sessions with the clinician, the patient having spent an additional 40–60 hours on homework during this time. The homework is focused on practicing the anxiety management strategies, on graded exposure to feared situations, and on identifying and combating dysfunctional cognitions.
5. When treatment concludes, the assessment measures made at the beginning are repeated. Areas in which the patient needs to continue to make gains or to consolidate are identified both from the therapy sessions and from the pattern of scores on these measures. Patients are encouraged to continue their own therapy by using both the Manual, now embellished with the additional information, and techniques provided by the clinician during the therapy sessions, and by periodic follow-up sessions with the clinician.

Clinicians of varying levels of expertise will use the book in different ways. Those new to the field, before treating a patient with, say, agoraphobia, should read Chapters 2 and 3, the general overview and the general advice about treatment, then proceed to Chapters 4 and 5 to review the scientific knowledge about the nature and treatment of agoraphobia. Finally they should read Chapter 6, the



Clinician Guide, about issues that may arise while treating patients with agoraphobia, reading that in conjunction with Chapter 7, the Patient Treatment Manual, for panic disorder and agoraphobia. Thus, when they begin to work with the patient, they will be familiar with both the course of treatment outlined in the Patient Treatment Manual and with the background information an experienced clinician already has. Experienced and busy clinicians may initially skip the review chapters but should still find the general advice about treatment and the Clinician Guide to agoraphobia essential, especially when difficulties arise during treatment. In fact the Clinician Guide will be useful even when the Patient Treatment Manual is not the principal treatment. That is to say, these treatment and clinician guide chapters will also be valuable to many clinicians even when drug treatments are being used, simply because many of the same difficulties will arise. In general, clinicians using drugs as their main treatments will find the chapters reviewing the syndromes and those reviewing treatments to be informative, for patients invariably ask about their disorder and expect their clinician to be conversant with the literature.

This book is for practicing clinicians. It provides most of the information needed for the successful treatment of patients with anxiety disorders.